



**STATE OF TENNESSEE**  
**Department of Financial Institutions**  
**Compliance Division**  
**Suite 400, Nashville City Center**  
**511 Union Street**  
**Nashville, Tennessee 37219**  
**615/741-3186**

**DEFERRED PRESENTMENT SERVICES LICENSE APPLICATION**

Application is hereby made for a license pursuant to Chapter 309, Public Acts of 1997, to transact business as a Check Cashing Business.

**1. Name of Applicant**

Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made.

Legal name of applicant, if different from above.

**2. Principal Place of Business  
in Tennessee**

Number and Street Address

City County State Zip Code

Telephone Number Fax Number E-mail Address

Name of manager at this location

**3. Federal Tax ID Number**

**Social Security Number for Applicants  
Applying as Individuals**

**4. Mailing Address and Phone Numbers for:**

Person responsible for matters relating to this application

Person responsible for responding to inquiries regarding the applicant:

Name and Title

Name and Title

Company

Company

Number and Street

Number and Street

City, State, Zip

City, State, Zip

( ) (800)

Phone Number(s)

( ) (800)

Phone Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

**5. Check and complete whichever is applicable:**

(a) \_\_\_\_\_ **Individual doing business under own name:**

\_\_\_\_\_  
Number and Street Address for Residence

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone number for residence

(b) \_\_\_\_\_ **Individual doing business under assumed name (d/b/a):**

\_\_\_\_\_  
Number and Street Address for Residence

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number for Residence

(c) \_\_\_\_\_ **Corporation**

State of Incorporation/Organization \_\_\_\_\_ Date Incorporated \_\_\_\_\_

Parent Company, if applicable \_\_\_\_\_

Tennessee Secretary of State Corporate Identification Number \_\_\_\_\_. Attach a copy of the charter or certificate of incorporation. If a foreign corporation, attach a copy of certificate of authority to do business in Tennessee.

(d) \_\_\_\_\_ **Corporation Doing Business Under an Assumed Name (d/b/a).**

State of Incorporation/Organization \_\_\_\_\_ Date Incorporated \_\_\_\_\_

Parent Company, if applicable \_\_\_\_\_

Tennessee Secretary of State Corporate Identification Number \_\_\_\_\_. Attach a copy of the charter or certificate of incorporation. If a foreign corporation, attach a copy of certificate of authority to do business in Tennessee.

(e) \_\_\_\_\_ **Limited Liability Company:**

Attach a copy of the articles of organization and operating agreement along with amendments.

(f) \_\_\_\_\_ **Limited Partnership:**

Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments.

(g) \_\_\_\_\_ **General Partnership:**

Attach a copy of the partnership agreement along with any amendments.

(h) \_\_\_\_\_ **Trust:**

Attach a copy of the trust agreement along

(i) \_\_\_\_\_ **Franchise:(j)** \_\_\_\_\_ **Other:**

Attach a copy of the franchise agreement.

Please explain: \_\_\_\_\_

**6. FEES.** The filing fee is \$500. The filing fee of \$500 is applicable to each location. The filing fee is not subject to refund. However, if the license is granted, the filing fee shall constitute the license fee for the first license year or part thereof. The license expires on September 30. The license renewal date is September 1. **Make check payable to the Department of Financial Institutions.**

**7. REGISTERED AGENT.**

\_\_\_\_\_  
Name of Tennessee registered agent and title

\_\_\_\_\_  
Number and street address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

**8. BRANCH OFFICES.** (\$500 filing fee for each branch must accompany application): Indicate N/A if there are no branch locations.

(a) \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Manager

(b) \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Manager

(c) \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Manager

(d) \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Manager

NOTE: Attach additional sheets if more than four branch locations.

**9. OTHER OFFICES.** Please provide the following information regarding other offices in Tennessee (other than those listed in question #8) at which a Deferred Presentment Service Business is or will be conducted that are affiliated with the applicant, or any owner, partner, L.L.C. member, director, officer, five percent (5%) or more shareholder or beneficiary (of a trust) of the applicant:

(a)	_____	_____
	Name of Business	Phone Number
	_____	_____
	Number and Street Address	Fax Number
	_____	_____
	City, State, Zip Code	Manager
(b)	_____	_____
	Name of Business	Phone Number
	_____	_____
	Number and Street Address	Fax Number
	_____	_____
	City, State, Zip Code	Manager
(c)	_____	_____
	Name of Business	Phone Number
	_____	_____
	Number and Street Address	Fax Number
	_____	_____
	City, State, Zip Code	Manager
(d)	_____	_____
	Name of Business	Phone Number
	_____	_____
	Number and Street Address	Fax Number
	_____	_____
	City, State, Zip Code	Manager

NOTE: Attach additional sheets if necessary.

- 10.** Provide a current list including the name, social security number, residence and business addresses, residence and business phone numbers, and title of each owner, partner, L.L.C. member, director, officer, five percent (5%) or more shareholder and beneficiary (of a trust) of the applicant.
- 11.** Provide a brief summary of the professional and educational background and experience of each person listed in response to questions #2, #8 and #10 (Resumes are acceptable).
- 12.** Provide a copy of a current **credit report** from a major credit bureau for the applicant and all persons listed in response to question #10. These credit reports must be dated within thirty (30) days prior to the date of the application. Provide an explanation of any negative information on the credit report.
- 13.** Is the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholder(s) or beneficiaries (of a trust) currently licensed and/or conducting business as a Deferred Presentment Services Business or similar type business in any other state(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If currently licensed or conducting business, please list the state(s) and the name and address of the business. If not currently licensed or conducting business, but have in the past, please list the state(s) and the name and address of the business, and add the time periods the applicant was licensed or conducted business.

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- 14.** Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain fully.

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- 15.** Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain fully.

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- 16.** Has the Commissioner of Financial Institutions, any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain fully.

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- 17.** Has the applicant, any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) ever applied for a license to the Commissioner of Financial Institutions, or any other state agency, to do business in the State of Tennessee. Include licenses for any company for whom applicant acts as an agent: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide copies of the licenses. List any applications withdrawn or denied.

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- 18.** Has the applicant, any of its parent companies, subsidiaries, affiliates, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholder or beneficiaries (of a trust) been enjoined or restrained by order of any court from engaging in any conduct or practice related to the Deferred Presentment Services Business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain fully.

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19. If the applicant is proposing to operate at a location where other business(es) is/are being conducted provide the name of the other business(es) and the type of business conducted.

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20. **FINANCIAL STATEMENTS.** Provide a balance sheet and statement of income and expense for the immediately preceding fiscal year, prepared in accordance with generally accepted accounting principles by a certified public accountant or public accounting firm. For a newly created entity, provide a balance sheet, accompanied by a projected income statement, demonstrating that the applicant will have adequate capital after payment of start-up costs.

21. Does the applicant have any contingent liabilities as endorser, or guarantor, or otherwise? Include all pending litigation, and note any potential settlement amounts that could significantly affect the applicant's financial condition. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details in an addendum to this application.

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22. (a) Provide the following information relative to Lines of Credit. Attach additional sheets if necessary. If none, indicate below.

<u>Name of Creditor</u>	<u>Total Amount of Line</u>	<u>Amount Outstanding</u>	<u>Expiration Date</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

((b) Does the applicant have other available funding sources? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, submit a detailed list.

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### 23. NOTARIZATION

I, \_\_\_\_\_, a duly authorized officer of \_\_\_\_\_  
Name of Officer

\_\_\_\_\_ certify under the penalties of perjury that all statements above, or  
Name of Applicant

or attached hereto, are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant or Authorized Officer

State of \_\_\_\_\_

County of \_\_\_\_\_

The following individual personally appeared before me:\_\_\_\_\_

who, being duly sworn according to law, deposes and says that the statements contained in the above application are true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTARY SEAL**

**BK-0238**